



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/143992

PRELIMINARY RECITALS

Pursuant to a petition filed September 20, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on October 16, 2012, at Milwaukee, Wisconsin.

The issue for determination is whether Milwaukee Enrollment Services (the agency) correctly terminated Petitioner's Medicaid benefits.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: Nikita Howse, IMS Worker-Advanced
Milwaukee Enrollment Services
1220 W Vliet St
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On July 25, 2012, Petitioner completed an on-line ACCESS application for medical assistance. (Exhibit 6)
3. On July 30, 2012, the agency sent Petitioner a notice stating that to get or keep Medicaid benefits, he needed to provide proof of income by August 24, 2012. (Exhibit 7)

4. Petitioner provided the Employer Verification of Earnings form to his employer, but the employer did not complete the form until September 18, 2012 and the employer did not submit the form to the agency until September 21, 2012.
5. On August 27, 2012, the agency sent Petitioner a notice indicating that his application was denied because he failed to timely provide verification of income and because he was over the program limits. (Exhibit 1, Petitioner's testimony)
6. Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on September 20, 2012. (Exhibit 1)

DISCUSSION

"Medicaid" is a state/federal program that provides health coverage for Wisconsin residents that are elderly, blind, or disabled (EBD) or receive Wisconsin Well Woman Medicaid. Medicaid is also known as Medical Assistance, MA, and Title 19." *Medicaid Eligibility Handbook (MEH) §1.1.1*

Verification of information is a part of determining eligibility for Medicaid. "To verify means to establish the accuracy of verbal or written statements" about an applicant's/member's circumstances." *MEH §20.1.1*

Verification of certain items is mandatory. Income is one such item. *MEH §20.3.1* "If current income information is not available through data exchange, the applicant/recipient is required to supply verification/documentation of their earned and unearned income." *MEH §20.3.8* "The applicant/member is responsible for providing verification of income that is not available through data exchange." *Id.* If verification is not provided, despite reasonable efforts to obtain it, benefits may be denied. *MEH §20.3.8*

Petitioner timely received the July 30, 2012 notice requesting verification of his income. Regrettably, Petitioner did not provide verification of his income by the August 24, 2012 deadline. There is no indication in the record that Petitioner had any difficulties obtaining the required documentation. As such, his application was properly denied.

It should be noted that to be non-financially eligible for Medicaid, an individual must meet the following criteria:

1. Be elderly (age 65 or older), blind, or disabled.
2. Be a resident of the state of Wisconsin
3. Be a US citizen or Qualifying Immigrant
4. Cooperate with medical support liability
5. Cooperate with third party liability
6. Provide SSN or apply
7. Pay a premium if required
8. Pay a community waiver/FamilyCare cost share if required

MEH §4.1

The law defines disability for Medicaid as: "The inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.'...Disability and blindness determinations are made by the Disability Determination Bureau (DDB) in the Department of Health and Family Services. *MEH §5.2*

There is no indication in the record that Petitioner has ever been determined to be disabled by the DDB. This is not surprising, given that Petitioner previously received SSDI and therefore, received medical assistance through the SSA, until his SSDI was terminated after April 2012. Petitioner is encouraged to file a paper application specifically for Disability-based Medicaid.

CONCLUSIONS OF LAW

The agency correctly denied Petitioner's July 25, 2012 application for Medicaid benefits.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

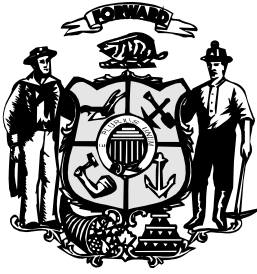
For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 19th day of November, 2012.

/s _____

Mayumi M. Ishii
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on November 19, 2012.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability